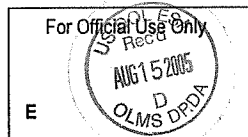


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>james</u> <u>A</u> <u>huffman</u> P.O. Box, Bldg., Room No., if any Street <u>212 cherry hill dr</u> City <u>belton</u> State <u>Missouri</u> ZIP Code + 4 <u>64012</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local #2</u> Labor Organization File Number <u>012414</u> P.O. Box, Building and Room Number, if any Street <u>2902 Blue Ridge Blvd.</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64129</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8-8-2005</u> <u>816-331-0936</u> Date Telephone Number



Name of Person Filing james huffman	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name local 2 apprentice &amp; journeyman training fun</p> <p>Trade Name, if any: sheet metal workers local 2</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9703 east 53rd street</p> <p>City raytown</p> <p>State Missouri ZIP Code + 4 64133</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State Kansas ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>union trustee</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>participated in the apprentice contest as proctor, and attended contest dinner, in the capacity of sheet metal local 2 apprentice trust trustee.</p> <p>12.b. Amount. \$85</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>



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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name sheet metal kansas city J.A.T.C.</p> <p>Trade Name, if any: Apprentice Fund</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9703 E. 53rd.</p> <p>City Raytown</p> <p>State Missouri ZIP Code + 4 64133</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Union Trustee</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Attended the National Apprentice Contest, as a Trustee. Travel expense, air fare, and contest dinner.</p> <p>12.b. Amount. \$285</p>



Name of Person Filing james huffman

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Sheet Metal Kansas City J.A.T.C.

Trade Name, if any: Apprentice Fund

P.O. Box, Bldg., Room No., if any

Street 9703 E 53rd.

City Raytown

State Missouri

ZIP Code + 4 64133

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Union Trustee

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Attended Local Apprentice Completion dinner as a Trustee

## 12.b. Amount.

\$40



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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Kansas City J.A.T.C.</p> <p>Trade Name, if any: Apprenticeship Fund</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9703 E. 53rd.</p> <p>City Raytown</p> <p>State Missouri ZIP Code + 4 64133</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Union Trustee</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Attended MACC Conference, Hotel room 2 nights, and 1 meal</p> <p>12.b. Amount. \$240</p>



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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Sheet Metal Kansas City J.A.T.C.

Trade Name, if any: Apprentice Fund

P.O. Box, Bldg., Room No., if any

Street 9703 E. 53rd.

City Raytown

State Missouri ZIP Code + 4 64133

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Union Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Apprentice Fund Christmas Dinner Meeting for Trustees and Instructors.

12.b. Amount.

\$40



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## 8. Name and address of Business (including trade name, if any).

Name Sheet Metal Kansas City J.A.T.C.

Trade Name, if any: Apprenticeship Fund

P.O. Box, Bldg., Room No., if any

Street 9703 E. 53rd

City Raytown

State Missouri ZIP Code + 4 64133

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Union Trustee

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Received Shirt with JATC logo from Apprentice Trust as a Trustee

## 12.b. Amount.

\$35